

BEST AVAILABLE COPY

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<u> </u>	<u> </u>	<u> </u>	<u>10/14/44</u>
FEE DETERMINATION	<u> </u>	<u> </u>	<u> </u>
O.I.P.E. CLASSIFIER	<u> </u>	<u> </u>	<u> </u>
FORMALITY REVIEW	<u> </u>	<u> </u>	<u> </u>
RESPONSE FORMALITY REVIEW	<u> </u>	<u>71471</u>	<u>1/5</u>

## **INDEX OF CLAIMS**

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**Allowed** **Interference**  
**(Through numeral)** **Canceled** **Appeal**  
**+** **Restricted** **Objected**

Claim	Date
Filed Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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<b>Index of Claims</b>  	Application/Control No.	Applicant(s)/Patent Under Reexamination
	09450609	WEIBEL ET AL.
	Examiner	Art Unit
	Kim, Jennifer	1617

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

Claims renumbered in the same order as presented by applicant       CPA       T.D.       R.1.47

CLAIM		DATE						
Final	Original	02/04/2007						
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	2	-						
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	13	✓						
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	25	-						
	26	-						
	27	✓						
	28	✓						
	29	✓						
	30	✓						
	31	✓						